

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)						SERIAL NO. 091868991 26 JUL 2001 APPLICANT MCDP	
10-24-03 CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	51	
2	/	/	/	/	/	52	
3	/	/	/	/	/	53	
4	/	/	/	/	/	54	
5	/	/	/	/	/	55	
6	/	/	/	/	/	56	
7	/	/	/	/	/	57	
8	/	/	/	/	/	58	
9	/	/	/	/	/	59	
10	/	/	/	/	/	60	
11	/	/	/	/	/	61	
12	/	/	/	/	/	62	
13	/	/	/	/	/	63	
14	13	/	/	/	/	64	
15	13	/	/	/	/	65	
16	0	/	/	/	/	66	
17	0	/	/	/	/	67	
18	0	/	/	/	/	68	
19	0	/	/	/	/	69	
20	0	/	/	/	/	70	
21	0	/	/	/	/	71	
22	0	/	/	/	/	72	
23	/	/	/	/	/	73	
24	/	/	/	/	/	74	
25	/	/	/	/	/	75	
26	/	/	/	/	/	76	
27	/	/	/	/	/	77	
28	/	/	/	/	/	78	
29	/	/	/	/	/	79	
30	/	/	/	/	/	80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	1	1	1	1	1	TOTAL IND.	
TOTAL DEP.	52	28	13	13	13	TOTAL DEP.	
TOTAL CLAIMS	53	29	14	14	14	TOTAL CLAIMS	

BEST AVAILABLE COPY